



**SERVICES**

**DELAWARE TRIBE OF INDIANS  
CHILD SUPPORT SERVICES**

601 S. High Street  
Caney, KS 67333  
(620) 879-2109 Fax (620) 879-2114

**OFFICE USE ONLY**

Referred by:  
Walk-in \_\_\_\_\_  
Website \_\_\_\_\_  
ICW \_\_\_\_\_  
WIC \_\_\_\_\_  
Child Care \_\_\_\_\_  
Head Start \_\_\_\_\_  
TANF \_\_\_\_\_  
Other \_\_\_\_\_

Person Requesting Services: \_\_\_\_\_ CP / NCP \_\_\_\_\_  
Name (Circle One) Date of Application

DCN: \_\_\_\_\_ FGN: \_\_\_\_\_

**Section I: Non Custodial Parent – Person Responsible for Paying Child Support**

	Last	First	Middle	Maiden
Legal Name:				
AKA:				

Social Security Number:	Date of Birth:	Present Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	City	State	Zip Code
Residential Address:	City	State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State, if known:
Race:	Affiliated Tribe(s):	CDIB Cardholder: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Identifying Marks:
Height:	Weight:	Eye Color:	Hair Color:
Employer Name:	City	State	Zip Code
Work/Fax Phone Numbers:	Income: \$ _____ Hour/Week/Month	Approx. Date of Employment:	Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Branch of Service, if applicable:	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Vehicle Information: Year/Make/Model:	Color	Tag Number:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has Non-Custodial Parent consulted an attorney concerning child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide attorney's name, address, and phone number.			
Name, Address, and phone number of additional contact person:			Relationship
Additional information concerning Non-Custodial Parent, a friend, another address, phone number, type of job this person has worked, etc.:			

## Section II: Custodial Parent – Person that should receive Child Support

	Last	First	Middle	Maiden
Legal Name:				
AKA:				
AKA:				
Social Security Number:	Date of Birth:	Present Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City		State	Zip Code
Residential Address:	City		State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State:	
Race:	Affiliated Tribe(s):	CDIB Cardholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identifying Marks:	
Employer Name:	City		State	Zip Code
Work Phone Number:	Income: \$ _____ Hour/Week/Month	Date of Employment:		
Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service, if applicable:	
Vehicle Information: Year/Make/Model:	Color	Tag Number:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is Custodial Parent related to the Children?	If not biological parent, does Custodial Parent have legal custody of Children?			
If married, current spouse's name:				
Name and Address of additional contact person for you:				Relationship
Has an attorney been consulted concerning the enforcement of child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide attorney's name and address.				
Additional information concerning Custodial Parent:				

## Section III: Children

### Child 1:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City	State      Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:	Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:		

### Child 2:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City	State      Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:	Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:		

## Section IV: Children continued

### Child 3:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: _____ City _____ State _____ Zip Code _____			
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:	Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:		

### Child 4:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: _____ City _____ State _____ Zip Code _____			
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:	Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Father's Name:		

## Section V: Domestic Violence

Have you or your children ever experienced any type of abuse during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual	
Has a Protective Order ever been issued against you or the NCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and where?
Do you feel that you or the children are at risk of physical harm at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel that you or the children may become at risk of physical harm at some point in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section VI: Tribal/State TANF Information

Are you or your children currently receiving TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning date:	Have you or your children ever received TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning/ending date:
If yes, case manager's name and location:	
Are you or your children currently receiving any other type of Tribal or State Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and where?	

## Section VII: Court Information

The following section pertains to all court documents and information concerning an existing child support case. Please provide as much information as possible or information you may feel is relevant to child support. Attach all copies of Child Support Orders, Divorce Decree, Child Custody Orders, Paternity Orders, Domestic Violence, etc.	
Have you appeared in court for the following: <input type="checkbox"/> Child support <input type="checkbox"/> Legal paternity <input type="checkbox"/> Divorce <input type="checkbox"/> Child custody <input type="checkbox"/> Domestic violence <input type="checkbox"/> Modification of an existing order	
If so, what court and when?	
Has child support been ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what court ordered support? Amount of monthly support: \$	
Would you object to having your case transferred to Delaware Tribal Court? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.	
Has a judgment been entered for past due support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what court entered judgment? Judgment amount: \$	
Has a modification ever taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?	
Is there any legal action presently pending concerning the children in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.	
Are the children currently, or have they been in the past, in the custody of Indian Child Welfare (ICW) or State Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give details.	
What was the relationship between the father and the mother of the children? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced	List the months and years lived together with beginning and ending dates:
If Married:                      Date of Marriage                      City                      County                      State	

**Section VIII: Custodial Parent Affidavit of Child Support Received**

I have not received any child support payments from the non-custodial parent.

I have received child support payments from the non-custodial parent. These payments were made directly to me. These payments were not collected through a Tribal or State Child Support Agency. These payments were made for the following children:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

	Year	Year	Year	Year	Year	Year	Year	Year
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Signature of Custodial Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*OFFICE PERSONNEL ONLY\* - Case Initiation:**

N.C.P. Client No. \_\_\_\_\_ C.P. Client No. \_\_\_\_\_  
 Child 1 Client No. \_\_\_\_\_ Child 2 Client No. \_\_\_\_\_ Child 3 Client No. \_\_\_\_\_  
 Child 4 Client No. \_\_\_\_\_ Child 5 Client No. \_\_\_\_\_ Child 6 Client No. \_\_\_\_\_

**\*OFFICE PERSONNEL ONLY\* - DCN Case No.:**

NCP FGN: \_\_\_\_\_ CP DCN. \_\_\_\_\_

Active:  Yes  No  Pending

Intake interview conducted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature)

**Section IX: Custodial Parent Statement of Understanding**

I understand that the Delaware Tribe Child Support Services (DTCSS) Program is here to act in the interest of the children’s rights, protect the tax payers, the tribe, and to use all of its resources to ensure parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of the DTCSS program to have the same confidential relationship with me as I would have with a private attorney. I understand the information I provide will be kept from the general public but may be used as needed to collect support from the obligor. I authorize the release of any necessary information to law enforcement officers, public officers, courts or others to assist me in collecting child support or medical support. I authorize the DTCSS program to make any necessary investigation or request to verify the information I have given.

I understand that DTCSS program ensures that all personal information provided to DTCSS program such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the parties.

I understand DTCSS program attorneys or child support staff does not represent me. I have the option to hire an attorney at my own expense.

I agree to complete necessary forms and affidavits as requested, provide DNA if requested and attend court to provide testimony.

I agree to cooperate fully with the DTCSS program, law enforcement officers and the court. I will notify the DTCSS program of an address change either for myself or for the non-custodial parent. I agree to provide information requested to assist in locating and collecting child support from the non-custodial parent. This includes any information that I know about or any documentation that I have.

I understand the DTCSS program cannot guarantee that it can determine who the biological father of my child is, collect the money from the obligor or enforce a court order for support or obtain a support order from the court.

I understand the DTCSS program cannot help with issues such as custody and property settlements. I agree to notify the DTCSS program of all private attorneys hired to collect or modify child support or spousal support for myself.

I understand if I keep child support payments to which I am not entitled because the non-custodial parent paid me directly for support assigned to the tribe or state or because payments were sent to me in error, the DTCSS program will recover the overpayments from me. I understand the DTCSS program shall be entitled to recover the overpayment by withholding amounts from my child support payments or any other legal means available.

I understand that by opening a case with the DTCSS program, I will be closing my case with any other state or tribal agency.

I understand it is law that the DTCSS program will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to the tribe or state for any TANF/AFDC paid to my children or me in the past.

I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with the DTCSS program, my case may be closed. The information provided in this application is true and correct to the best of my knowledge.

**\*\*Sign in front of Notary.**

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian of Applicant, if not of legal age: \_\_\_\_\_

State of Oklahoma            )  
  ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was executed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

***The following documents must be attached to this Application:***

- Copies of state-issued birth certificates for all children
- Copies of CDIB cards for Applicant and children
- Copies of social security cards for Applicant and children
- Copies of all court orders, Divorce Decree, Paternity Affidavits, etc.
- Copy of Applicant’s driver’s license

**REQUEST TO TRANSFER CASE**

*This form **MUST** be signed before a Notary Public or Clerk of the Court.*

Date: \_\_\_\_\_  
NCP: \_\_\_\_\_  
DCN: \_\_\_\_\_  
FGN: \_\_\_\_\_

I, \_\_\_\_\_, hereby request that my child support case be closed and transferred to Delaware Tribe Child Support Services and understand that no further action will be taken by any other state or tribal child support office. This request is being made for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward the above file to:

Delaware Tribe Child Support Services  
601 S. High Street  
Caney, KS 67333  
(620) 879-2109

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



State of \_\_\_\_\_ )  
                                  ) ss.  
County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public or Clerk of the Court  
Commission Number: \_\_\_\_\_  
My commission expires: \_\_\_\_\_





SERVICES

**DELAWARE TRIBE  
CHILD SUPPORT SERVICES**

601 S. High Street  
Caney, Kansas 67333

(620) 879-2109 Fax (620) 879-2114

**AUTHORITY FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof to obtain any information relating to my activities from schools; credit bureaus; residential management agents; employers; criminal justice agencies or individuals. This information may include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians; from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Signature (full name):** \_\_\_\_\_

**Full name (printed):** \_\_\_\_\_

**Aliases:** \_\_\_\_\_  
(include any married names, nicknames and/or maiden names)

**Social Security number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Current address:** \_\_\_\_\_

**Telephone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The request of your Social Security number is a means to uniquely identify your application records within our tribal files. By providing an accurate Social Security number and full name you assure the accomplishment of application process.

# FINANCIAL AFFIDAVIT

DTCSS DCN: \_\_\_\_\_

STATE FGN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address \_\_\_\_\_ Occupation: \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Per hour ( ) Week ( ) Month ( ) Year ( ) Unemployed? \_\_\_\_\_

Last Known Employer: \_\_\_\_\_ Term Date: \_\_\_\_\_

Daycare: Private: Yes \_\_\_ No \_\_\_ DHS: Yes \_\_\_ No \_\_\_ Tribal: Yes \_\_\_ No \_\_\_ Full time \_\_\_ Parttime \_\_\_

Monthly Payment \_\_\_\_\_ List Children w/Daycare: \_\_\_\_\_

Are children covered under your Medical Insurance Policy? Yes \_\_\_ No \_\_\_

Insurance Co: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Actual Amount of Insurance Premium for child(ren) of this action: Wkly \$ \_\_\_\_\_ Bi-Wkly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_

Are child(ren) covered by Indian Health Service: Yes \_\_\_ No \_\_\_ List Dependants names and ages, of this action, listed on policy: \_\_\_\_\_

Do you have biological children in the home older than the children of this case? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_

Names/Dates of Birth: \_\_\_\_\_

Amount of child support actually paid to children NOT of this action: \$ \_\_\_\_\_ Paid to Whom? \_\_\_\_\_

Spousal maintenance received: \$ \_\_\_\_\_ Child support received: \$ \_\_\_\_\_ Other monies received: \$ \_\_\_\_\_

Do you have a License? Yes \_\_\_ No \_\_\_ Lic Number/ State: \_\_\_\_\_

Technical License – What type? \_\_\_\_\_ Number: \_\_\_\_\_

Do you receive a Per Capita? \_\_\_ Yes \_\_\_ No From what Tribe/Agency: \_\_\_\_\_

Do you have an IIM Account? \_\_\_ Yes \_\_\_ No From what Tribe/Agency: \_\_\_\_\_

Comments:

**ATTACH LAST TWO COPIES OF RECENT PAYROLL STUBS TO THIS FORM.**

Signature

Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that \_\_\_\_\_ signed this affidavit before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

10/2015